



THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA
Centre of Information and Technology Management
Requisition Performa for Repair of Equipment

Sr. No.: _____ (To be filled by office of CITM)

Received on: _____

TO: HEAD, CITM

Name	Designation	Department	Mobile/ Telephone
Signature with Date			
Sr. No.	Equipment	Qty	Remarks/Problem
Budget Head: _____			
SIGNATURE OF HEAD (Head of Department School/Centre/Section/Unit)			

Note: Please fill all the above fields

To be filled by CITM

Estimated repair cost of the above mentioned equipment is Rs. _____ only.

SIGNATURE OF HEAD, CITM**CERTIFICATE**

Certified that the budget provision exists for the repair of above item(s) and that the funds are available.
 Recommended for approval.

Dated: _____

SIGNATURE OF HEAD
(Head of Department School/Centre/Section/Unit)

FOR USE IN ACCOUNTS SECTION

Sufficient funds are available/not available under budget Head _____ of (Deptt./school/Unit) _____

Funds amounting to Rs. _____ may be redeployed from Head _____ of Deptt./school/Unit) _____

Funds cleared vide Sr. No. _____ on _____ for Rs. _____.

Approved Redeployment of Funds**ACCOUNTS SECTION****DIRECTOR**

(Please send this form to HCITM after fund Clearance)

APPROVED/NOT APPROVED**DY. DIRECTOR /DIRECTOR**